

Case Number:	CM15-0009076		
Date Assigned:	01/27/2015	Date of Injury:	04/24/2007
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male, who sustained an industrial injury on April 24, 2007. He has reported paralysis. The diagnoses have included cervical disc displacement without myelopathy, pain psychogenic, depression, anxiety, dysphagia and myelopathy. Treatment to date has included neck and chest surgery. Currently, the IW complains of neck back and extremity pain, abdominal pain and diarrhea with weight loss and bowel changes. Treatment includes upper gastrointestinal (GI) endoscopy, psychological evaluation and medication. On December 17, 2014 utilization review non-certified a request for 6 bio feedback visits, noting it exceeds the amount for trail therapy. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 Biofeedback visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400.

Decision rationale: Yes, the request for six sessions of biofeedback was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 399, biofeedback can be employed for individuals with stress and anxiety as was/is present here. ACOEM Chapter 15, pages 399 and 400 further notes that various psychological techniques, presumably including biofeedback can be offered either alone or in conjunction with other modalities. ACOEM Chapter 15, page 400 further notes that biofeedback can be employed as a relaxation method designed to do empower applicants to self-regulate physiological responses. Here, the applicant has a variety of mental health, chronic pain, financial, and familial issues. The request for biofeedback appears to be a first-time request for the same. Moving forward with a trial of biofeedback, thus, does appear to be indicated here. Therefore, the request was medically necessary.